

**Fax Update to (206) 923-0716**

**Facility Name** \_\_\_\_\_  
**NPI #:** \_\_\_\_\_ **Provider #:** \_\_\_\_\_ **Date Opened:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State & Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Corporate Affiliation:** \_\_\_\_\_ **For Profit:** Yes or No (Circle One)

**Facility Representative:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_  
**Phone#:** \_\_\_\_\_ **E-mail** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Medical Director:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_  
**Phone#:** \_\_\_\_\_ **E-mail** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City, State & Zip:** \_\_\_\_\_

**Administrator:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_  
**Phone#:** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

**Nurse Manager:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_  
**Phone#** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Data Coordinator:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_  
**Phone#:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Social Worker:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_  
**Phone#:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Dietitian:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_  
**Phone#:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**1. Emergency Contact/Disaster Coordinator:** \_\_\_\_\_  
**Office#:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**2. Emergency Contact/Disaster Coordinator:** \_\_\_\_\_  
**Office#:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Services/Practices (Circle Yes or No):**

|                                       |   |
|---------------------------------------|---|
| Accepts Pediatrics: Yes / No          | Home IPD: Yes / No                      |
| Accepts Transients: Yes / No          | In-Center Hemodialysis: Yes / No        |
| CAPD Yes / No                         | In-Center Peritoneal Dialysis: Yes / No |
| CCPD: Yes / No                        | Isolation Stations: Yes / No            |
| Frequent Dialysis at Home: Yes / No   | Nocturnal Hemodialysis: Yes / No        |
| Frequent Dialysis In-Center: Yes / No | Practices Dialyzer Reuse: Yes / No      |
| Home Hemodialysis: Yes / No           | Self-Care Training Certified: Yes / No  |
| Home Hemodialysis Training: Yes / No  |   |

**Shift Information**

**Number of Stations:** \_\_\_\_\_ **Shift Starting after 5 pm:** Yes / No

**Number of Monday-Wednesday-Friday (M-W-F) Patient Shifts:** \_\_\_\_\_  
**M-W-F Open Time:** \_\_\_\_\_ **AM/PM** **M-W-F Close Time:** \_\_\_\_\_ **AM/PM**

**Number of Tuesday-Thursday-Saturday (T-Th-S) Patient Shifts:** \_\_\_\_\_  
**T-Th-S Open Time:** \_\_\_\_\_ **AM/PM** **T-Th-S Close Time:** \_\_\_\_\_ **AM/PM**

**\*Please be sure to include all professional designations where appropriate (i.e. RN, LCSW, COO, etc.)**

Completed by Facility Representative \_\_\_\_\_ **Date:** \_\_\_\_\_